

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10789985 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	2					
11	9					
12	1					
13	1					
14						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	21	↔	↔			
TOTAL CLAIMS	22	↔	↔	↔		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔			
TOTAL CLAIMS		↔	↔	↔		